

10. Age of Borrower		Health of Borrower			Marital Status	
Age of Dependents		Health of Dependents			Number in Family at Home	
11. If Farming:		<input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Sharecropper			Number of Acres in Farm	
12. Off-Farm Employment:	Occupation	Name and Address of Employer				
13. Estimated Income	Livestock and Livestock Products	Crop Income	Other Farm Income	Off-Farm Income	Total	
	\$	\$	\$	\$	\$	
14. Estimated Expenses:	Family Living	Farm Operating				
	\$	\$				
15. If the Borrower Owes the Agency Any Accounts on Which Action is Not Recommended by This Form, List and Indicate Servicing Action to be Taken.						

16. Is Borrower in Military of United States?		If "Yes," Give (Serial No.)		(Military Unit)	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
17. Additional Facts and Justification For Action Recommended					

18. _____

County Supervisor

Post-Office Address (Include ZIP Code)

19. State Office Comments and Recommendations

20. _____ Signed _____
(Date)

21. List Enclosures *(When Foreclosure Action is Recommended, Attach Appropriate Lien Search Reports)*